

Staff Use Only
____ Days



Date of Camp in
Your Area:
June 11-17, 2017

A Non-Profit Corporation
Confidential Client Application
Ozark Mission Project: P.O. Box 26525, Little Rock, AR 72221 501-664-3232

Name _____ Phone _____

Address _____
Street City Zip Code

Directions to House _____

If Not Homeowner, Owner's Name _____ Phone _____

Homeowner's Address _____

Work Requested: (if other, please explain) _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Interior Painting | <input type="checkbox"/> Porch Construction or Repair | <input type="checkbox"/> Wooden or Concrete Steps |
| <input type="checkbox"/> Exterior Painting and/or Repair | <input type="checkbox"/> Wheelchair Ramp Construction or Repair | <input type="checkbox"/> Handrails |
| <input type="checkbox"/> Yard Work & Trim | <input type="checkbox"/> Fence Repair | <input type="checkbox"/> Other |
| <input type="checkbox"/> House Work | <input type="checkbox"/> Window Screening | |

Can you help furnish materials? Yes ___ No ___

Is Client a Veteran? Yes ___ No ___

What are some things you enjoy doing or ways you enjoy serving your family, friends or neighbors? _____

What family situation would be helpful for us to know? (Illness, disabilities, etc.) _____

Name of Referral Agency (if any) _____

Referral Agency Contact Name _____ Phone _____

I understand that unskilled youth and adults will provide free labor to work on my home and that I shall receive no compensation from the use and/or the sale of any upgrade or project that OMP has put in place at this place of residence.

I agree that I will release any and all liability to Ozark Mission Project and any related agency, conference, district, local church, member, employee, volunteer, or agent, from any liability, injury, damage or loss, accidents, delay, or irregularity related to my participation or involvement in Ozark Mission Project and all work completed by OMP.

While my home is being repaired by OMP, I agree that I shall not, nor shall any resident of and visitor to my home, participate in the following activities: drug or alcohol use, weapon use, foul or abusive language directed at OMP staff or volunteers, or any activity that could cause harm to OMP staff or volunteers. I understand that if any of these behaviors occur, OMP reserves the right to stop work on my house, even if projects are left unfinished.

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to print and other public media as may be deemed appropriate by Ozark Mission Project. (I understand that I may be identifiable from such photographic or electronic reproduction.)

Signature of Homeowner _____ Date _____

Signature of Home Resident (if different than Homeowner) _____ Date _____

STAFF USE ONLY BELOW